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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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LECTURES.

CLINICAL LECTURES ON THE PHYSIOLOGICAL PATHOL- OGY OF SYPHILIS.¹

DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK,
SESSION OF 1878-79.

BY FESSENDEN N. OTIS, M. D.,

Clinical Professor of Genito-Urinary Diseases, etc.

IV. PERIOD OF GENERAL INFECTION AND SUBSEQUENT LOCALIZED CELL ACCUMULATION.

GENTLEMEN, — We have been able, thus far, to trace the progress of syphilitic infection, from the moment that the disease germs were deposited upon the surface of inoculation to their general dissemination throughout the blood vascular system. This has, I believe, been accomplished in complete harmony with the present state of our anatomical and pathological knowledge, and in unison with recognized physiological laws. This course may also have been observed to accord completely with the *clinical* history and condition of the cases brought before you as representing the various characteristic stages in the march of the infection, during the entire initiatory period of syphilis. At the termination of this period we found the progress of the infection signalized by the appearance of a rose-colored exanthem. To the immediate effect of the general dissemination of the diseased cells or virus throughout the organism was attributed the appearance of this so-called *roseola of syphilis*. Its accession was accepted as important only as announcing the constitutional infection. Very many cases occur where, either with or without treatment, no farther manifestation of syphilis takes places during the entire active period of the disease, and yet these apparently mild cases, when not efficiently treated, are sometimes sufferers in after years from grave forms of syphilitic sequelæ.

If, at this point, we take up again the natural history of syphilis in typical cases we shall find presenting an inflammatory engorgement

¹ Reported by P. Brynberg Porter, M. D.

of the mucous membrane of the tonsils, the border of the soft palate, and often of the whole faucial region.

In this connection your attention is directed to the fact that the tonsils have been accepted as belonging to the lymphatic system, representing a simple form of lymphatic gland. Although no direct communication has yet been demonstrated between the follicles composing the gland and the adjacent lymphatic vessels, Frey has shown that "the surface of each follicle is invested by an extraordinarily close net-work of lymphatic vessels."¹ The investigations of His, Recklinghausen, and Teichman have confirmed this statement, and have further shown that the lymph vessels so investing a follicle are greatly dilated, so much so that the follicle is quite covered in by them, "leaving only that extremity or pole uncovered which is directed toward the surface of the mucous membrane."²

The entire pharynx is much richer in lymphatics than the surrounding mucous membrane.³ Here, then, in common with the engorgement and hyperplasia which has been observed at about this period in the lymphatic system at other points, we should expect early manifestations of similar disturbance.

Reasoning *a priori*, we should expect that these lymphatic accessories, when implicated in obstructive trouble, would be more readily engaged in true inflammatory engorgement, as they are brought by more superficial distribution into a more intimate connection with the blood vascular system than occurs in lymphoid glands of a higher order. This is just what we do find, leading in certain instances to quite extensive tissue loss through a consequent ulcerative process.

Now, also, at about this time, we begin to find, in a very considerable proportion of cases, a true papular eruption of the skin, — usually first observed along the borders of the hair, especially prominent and noticeable along the upper part of the forehead. It may also be seen scantily developed on the back, breast, and extremities. Again, it may be very thickly studded over the entire body. This eruption differs greatly in appearance as well as in quantity in different cases. Sometimes the papules are large and flat, from the size of a split pea up to that of a dime; again, small and pointed, and not larger than bird shot. The varieties which have been described by authors are numerous, and will be attended to later. It varies also as to the date of its advent. Occasionally it follows the roseola almost immediately; in some cases not making its appearance until several weeks or even months after. At first development it is of a bright color, more or less elevated, and hard to the touch. It is much more persistent than the roseola, remaining salient for several weeks, and not unfrequently for several months.

¹ Human and Comparative Histology, Stricker, Syd. Ed., vol. i. p. 328.

² *Ibid.*, page 328.

³ *Ibid.*, page 326.

It gradually loses its bright hue, and assumes a dull red or ham color, and shows a tendency to shed thin epithelial scales, especially at the base of the papules. The color in fading assumes a brownish color, finally leaving, as the elevation disappears, a coppery stain. The papular eruption of syphilis, so called, is seldom purely papular, some of the original papules becoming pustular, or having little accumulations of serum at their summits, thus exhibiting, apparently, a polymorphous character.

Having now given you a general idea of the papular eruption of syphilis, I shall, before entering into an examination of the forces, material, and pathogenetic influences involved in its production, present several cases exhibiting this prominent and important manifestation of active syphilis for your observation and study.

CASE VII. Here I am able to show you a common form of the papular syphilide, not extensive, but very characteristic. You may see along the upper border of the forehead perhaps twenty or thirty small red elevations, — *papules*. They are hard to the touch, insensitive, chiefly annoying to the patient because of their unsightly appearance. Their arrangement in this especial locality is significant, as simple papular eruptions are rarely so grouped without the occurrence of similar papules on the face, which in this instance you see is entirely free from them. Ricord has termed this variety of papular lesion the *corona veneris*, — the venereal crown. Here and there, in the eruption, we find a pustule, or a papule surmounted by a scab. Most of the papules, however, are simply smooth, hard, red elevations, about the size of a split and flattened pepper-corn. The patient states that he has none on any other part of his body. Let us see. A marked characteristic of this, as well as of all the eruptions of syphilis, is *insensitiveness*. Unless in sight, there is nothing to call attention to their presence. Having removed the patient's clothing, we find a few papules sparsely scattered over the back and shoulders. Just upon the right scapula is one which shows a scaling of the epidermis, at its base. This is occasionally seen, and I allude to it especially, because it is considered a valuable diagnostic mark. Biett, a distinguished French authority, first called attention to this, and it is now known as the *collarette of Biett*. I shall show you, later on, that, while its diagnostic value is accepted from a purely clinical point of view, it is one more of the many external evidences of lymphatic obstruction in the progress of syphilis, and that the scaling results from the same histo-genetic conditions that produced the abrasion in the papular initial lesion of syphilis.

It will be interesting now to observe the grounds upon which the diagnosis of papular syphilide is based in the present instance. Reversing the usual order of examination, we will retrace our study of the

natural history of syphilis. Thus we have the roseola preceding the papular eruption. On turning the patient so that the light strikes fairly upon his breast and abdomen, I can see here and there a faint coppery stain. On the back, however, are several traces of a previous roseola, so distinct as to be unmistakable. This is evidence, aside from its bright color, that the papular eruption is recent. The patient's own statement in regard to the appearance of his eruption is that about a month since he began to suffer with headache and to be generally miserable, although he continued his work as a printer. Headache chiefly at night. The eruption on his forehead came out about a fortnight ago, but he has not ceased to suffer with an occasional headache. According to authorities, then, he has suffered from syphilitic fever, not ushered in with the roseola, which he had failed to observe, but apparently in connection with the later papular eruption.

Let us see, now, if we cannot find something in the condition of the lymphatic glands to account for his constitutional disturbance, independently both of the roseola and the papular eruption, and in accordance with views previously suggested. Here in the cervical region are well-marked enlargements of the glands, in all the places which I have mentioned as characteristic in this respect; also in the epitrochlear space of the left arm; none in the right. Now in the groins you can distinctly see, as well as feel, the enlarged and indurated glands. The free handling of these glands, without complaint on the patient's part, assures us that the enlargement is not inflammatory, but is the result of simple hyperplasia. We follow the line of gland enlargements, finding them, at last, most prominent and numerous in the inguinal regions. This naturally leads us to look for the initial lesion on the genitals. The earliest gland enlargements, you know, are always in immediate connection with the initial lesion, and this initial lesion may be, through direct or mediate contagion, at any point on the entire body. Thus, when it is on the finger or hand, the cubital and axillary glands will be first affected; when on the eyelid, the preauricular; when on the lips or in the mouth, the submaxillary region; when on the genitals, in the groin; when within the anus, above Poupart's ligament alone, etc.; hence, in cases where the locality of the initial lesion is unknown, these early gland hyperplasias may lead to its discovery.

Here the inguinal gland enlargements point to the genitals as the seat of the primary lesion. The patient admits occasional impure sexual exposures during a long period, but denies that he has had a sore of any sort, or any urethral discharge. Examining the usual localities for such lesions, namely, about the frænum, along the fossæ glandis and mucous reflection of the prepuce, we fail to detect any suspicious appearance or induration. On the integument of the right

side of the penis we find a small, slightly indurated, brownish spot, about the size of a five-cent piece, covered with fine epidermic scales, much like a patch of psoriasis. The patient is quite unable to say how long this has been present. He noticed it several months ago (at least two or three), but inasmuch as it did not give him the slightest discomfort or inconvenience he paid no attention to it; thought it some skin trouble entirely unconnected with venereal disease. This apparently insignificant lesion, gentlemen, I present to you as a somewhat rare but characteristic variety of the *initial lesion* of syphilis, which may be termed *the dry, scaling patch*. It is not raised above the surface of the surrounding integument, and hence is not visibly a papule; yet its base is distinctly stiffened with a sort of parchment induration, as it is usually termed, due to a superficial cell deposit.

From the distribution of the lymph vessels of the skin (just underneath the epidermis, where this form of lesion is always found), we may understand the superficial character of the induration. This has not, as we can see, been sufficient to cause an erosion, nor even to prevent the evolution of the epidermis; but nutrition has been interfered with to the extent of producing the unhealthy desiccation of the epidermal layer, as observed in the present instance. This is but a simple and natural variation from the forms of initial lesion previously presented, and will help to impress upon you the important fact that the initial lesion of syphilis has no stereotyped form, but may assume any appearance between a prominent and dense hyperplasia, either intact or excavated, and a minute cell aggregation in the skin or mucous membrane so small as to defy clinical observation.¹ In whatever degree present, the infection may go on, as in this case it has evidently done, through the various early stages, until the characteristic papular eruption of syphilis is developed, as here seen.

(To be continued.)

PUNCTURED WOUND OF THE ABDOMEN AND COLON.

BY THOMAS R. WRIGHT, M. D.,

Demonstrator of Anatomy Medical Department University of Georgia, at Augusta.

THE following case, occurring in the practice of my friend, Dr. George T. Perrin, at the time practicing in the country a short distance from this city, and with whom I saw the case during its treatment, seems of sufficient interest to place on record.

¹ Bäumler in speaking of variations in density, of the indurations associated with the initial lesion of syphilis, says: "From these cartilaginous indurations to the flat, paper-like thickenings of the mucous membrane, where the increased resistance is perceptible only in feeling of it sideways, all imaginable intermediate stages occur, the one thing common to them all being the dense cellular infiltration of the tissue of the cutis or mucous membrane." (Ziemssen, vol. [iii. p. 112.)

During the Christmas holidays of 1875, C. H., a well-developed negro man, about thirty-five years of age, in a drunken fight was stabbed in the right inguinal region with a large-sized pocket-knife. The cut, an inch and a half in length, was a little to the outer side of the centre of a line extending from the anterior superior spinous process of the ilium to the umbilicus, and at right angles to this line, penetrating the abdominal walls, and cutting diagonally into the ascending colon about seven eighths of an inch. No omentum came out, the intestine protruding in a mass as large as a goose egg. The external hæmorrhage was very little, owing probably to the hernia, which, pressing upon the edges of the wound, prevented it. No hæmatemesis or passage of blood per rectum. After cleansing the protruded mass of intestine, which had become covered with sand and dirt during the fight, the intestinal wound was closed by three interrupted sutures. Appreciating the value of animal ligatures in such cases, and the facility with which they would be dissolved and absorbed, a strand from an untwisted "violin E string" was used for this purpose. While the intestine was being sewed up, the man, from his drunken, excited state, was very unruly, his movements and peristaltic action, which was plainly visible, keeping up a constant discharge of fæcal matter from the wounded gut, which, however, did not enter the peritoneal cavity. After another washing the intestine was replaced, and the abdominal wound closed by three sutures with another piece of violin string, adhesive plaster, and compress. In passing the sutures through the abdominal walls care was taken not to penetrate the peritonæum, but to pass above it, and these sutures were all absorbed, excepting the knots, by the eighth day. Upon first seeing the case, shortly after the fight, the patient was given thirty drops of tinctura opii, which was repeated after his wounds were dressed. Cloths wet with cold water were ordered to be kept on his abdomen, and to be changed every fifteen minutes, or oftener if they became warm, and twenty-five drops of tinctura opii to be given three times a day, so as to restrain all movement of the bowels and keep the man quiet. The case progressed well, with no acceleration of pulse or temperature, until the morning of the third day, when some febrile excitement was noticed. Five grains of sulphate of quinine were immediately given, and repeated three times a day for three days, which controlled the fever, and there was no return. The man was kept in bed, lying on his back, a little inclined to the right side, for eight days, his diet during that time consisting of milk, beef, and chicken broth, with a little tea and coffee. By the eighth day, the external wound, save its lower end, had healed. At this point a small abscess had formed in the subserous areolar tissue, which was opened, and about an ounce of pus evacuated. This was dressed with Labarraque's solution, one ounce to the pint of water, for several days, and

gave no farther trouble, the patient being up and about his house and yard on the ninth day. The bowels remained unmoved until the ninth day, when a large enema, introduced gradually and in small quantities, produced a full and free evacuation, with no trouble, the bowels regaining their normal action afterward. For a while after the man recovered there was a tendency to hernia at the wound, which was effectually and permanently relieved by a graduated circular compress, kept in place by a strong bandage around the abdomen. At the present time, nearly four years after the accident, the man is perfectly well, and able to do the hardest kind of manual labor, such as quarrying rock, etc., his injury never giving him the least trouble. Besides the abdominal wound, the man received four other stabs in different portions of his body, all of which healed kindly. It may be of interest to state that this case was seen in a negro cabin among a crowd of drunken, excited negroes, and his wounds dressed by the aid of a "light-wood torch."

The extreme fatality which attends penetrating or punctured wounds of the abdomen and intestines renders this case, which ended in recovery, of some interest. And it is worthy of note that at no time was the abdomen at all tympanitic or tender upon pressure save immediately around the wound, and that only for a short time. The animal ligatures in these cases cannot be too highly praised, and in conclusion I think we may, in part at least, attribute the successful issue of this case to them and the cold compresses.

Since preparing this case for publication, in looking over some "medical and surgical papers," by Prof. L. A. Dugas, of this city, I noticed a very similar case, which was successfully treated by him, and reported in the *Southern Medical and Surgical Journal* for July, 1852.

CASES OF INTUSSUSCEPTION.

BY JAMES O. WHITNEY, M. D., PAWTUCKET, R. I.

THE case of ileo-cæcal intussusception related in the *JOURNAL* for September 25, 1879, by Dr. Starr, so nearly resembles one which I saw that I am induced to give it.

April 10, 1872, I was called to a little girl of this town. I found my patient to be a bright child of six years. She did not want to see me, "for he is like all the rest; he will do no good," she said. She was in the last stages of exhaustion, and lived but six hours. Her condition was notable in the extreme: lying upon the left side, with a pain every few minutes that closely resembled those of a woman in the last throes of labor, and to complete the resemblance, with a large tumor below the navel, but a little to the left of the median line of the body. The illness began two months before, and had not varied in its material feat-

ure, that is, paroxysmal pain in the abdomen, but how long it had had the expulsive character could not be ascertained. A variety of opinions had been given as to the nature of the sickness, and of course medication had varied accordingly. I explained to the parents interlap of the bowels, and illustrated with my glove fingers what had happened to their child, and that the tumor they had been told was a gathering abscess was the large bowel stuffed with other portions of the intestinal track. I found that the little sufferer had eaten *snow* inordinately, and to this I attributed the intussusception.

Accompanied by Dr. George A. Stanley, I made a post-mortem examination, and all the views advanced were verified. The descending colon contained the ascending, transverse and a part of itself with the small intestine. Had she lived a few days longer, no doubt the tumor would have appeared at the anus, as a portion of it was but an inch above that orifice. There had been no inflammation. The clinical facts led me to think that the telescoping began at once, and had been continuous two months, however much we may theorize that readjustment takes place for a few hours or days before the permanent entrance occurs. Dr. Starr seems to hold an opposite view on this point in his case. Colicky pains (spasms of the intestines) no doubt are the immediate preceding conditions or causes of intussusception; but from the moment when we can fix the pain to a given point in the abdomen, we must conclude that interlap has taken place, and *paroxysmal pain* is the great distinguishing fact in this variety of mechanical obstruction of the intestinal tube. There was no "stoppage" in the case I have so briefly related, and from this fact my opinion was derided prior to the autopsy. Readjustment no doubt takes place, and perfect restoration to health follows; but may this fail, agglutination occur, and life continue? I believe it may, although authors do not mention it that I am aware of.

In November, 1865, I had a patient who had all the rational and physical signs of intussusception of the transverse colon to the extent of an inch or a little more; there was the characteristic pain, the tumor, sudden in its appearance, five fearful days of "stoppage," abdominal distention, the tumor now submerged, as it were, then its reappearance upon the subsidence of the inflammation, and the subsequent health of the party, which all go to confirm this view. About two years since an abscess formed and pointed three or four inches below the tumor, which is not now to be felt, but there is a fistulous track leading up to its former site.

A few years ago I had a little boy who had all the signs of agglutinated interlap at the ileo-cæcal junction to the extent of four or five inches. I am unable to report the subsequent health of this patient, but the last time I examined him the tumor was present. There may be a doubt in this case, but none whatever in the other, that neither

slough nor readjustment took place. Eating snow seemed to be the cause in the first case, imperfect mastication by reason of the removal of all the teeth in the female alluded to, and the boy was in the habit of devouring large quantities of peanuts and other fruit calculated to produce colicky pains in the intestines.

Some forty years since a fatal case of intussusception took place in Attleboro', Mass., in the practice of the late Dr. P. Savery. The patient was a boy fourteen years old, and eating large quantities of green chestnuts was the attributed cause. Telescoping of the bowels often takes place in cows and sheep, causing a fatal "stoppage," and these deaths are the most frequent in that part of the year when farmers feed upon, or allow their stock to feed on, uncooked potatoes, turnips, and such kinds of vegetables. My patient of 1865 often promises that I may make an autopsy if I outlive her, but from present appearances it is as likely that some one other than myself may do that. However, her loyalty to the science of medicine and to me is worthy of being noted. This case was read before the Providence Medical Association, and as I have full notes of it at a future time it may be given in detail to the readers of the JOURNAL.

UNUSUAL EFFECT OF A HYPODERMIC INJECTION OF MORPHIA.

BY AUG. M. TUPPER, M. D., ROCKPORT, MASS.

ON the morning of the 22d ult. I was called to see Mr. G., who was stopping at one of our hotels. I found a healthy-looking young man, about thirty years old, suffering from lumbago, confined to his bed, and in considerable pain, aggravated very much by movement. Applications of mustard and an anodyne liniment were prescribed. In the evening I called again, and as the relief was slight decided to inject some morphia directly over the seat of pain, a method I have found very efficacious in similar cases. Accordingly I injected nine drops of a solution of sulphate of morphia, one grain to a drachm of water, into a spot midway between the spine and crest of the ilium. As is my custom, the solution contained one drop of carbolic acid, which I added in order to keep it. In five minutes he expressed himself as feeling relieved, and sat up in bed to show us the improvement. I told him to lie down and keep still awhile, and he did so. We chatted pleasantly for perhaps five minutes longer, when, turning towards his wife, he said, "I think I am going to vomit," and turned to the side of the bed. I noticed that he looked a little pale, and before Mrs. G. could get the basin he grew deadly pale, his eyes rolled up in his head so that only the whites were visible, the jaws were clenched, the head was

drawn back, and the whole body stiffened, respiration ceasing also. I immediately went to him, dashed cold water in his face, and took the wrist to feel his pulse, which, to my horror, was not to be felt. He was in this state for perhaps a minute. I then raised him up, and looking into his eyes, which were staring wide open, saw that the pupils were *widely dilated*. Very soon the color began to return to his face, he was drenched with perspiration, and recovered consciousness. I laid him back on the bed, and he looked up, smiled, and said, "I'm all right now." The pulse was quite full at sixty, but inclined to be irregular. I gave him brandy freely, and he had no further trouble, but the pulse remained at sixty for the next twenty-four hours; he said it was usually about eighty. I cannot verify that, for he left town the following day.

That was certainly a very unusual effect from such a dose, a little over one eighth of a grain. The question arose in my mind whether the acid could have had anything to do with it; but I have given the same mixture a great many times without the slightest trouble. I may add that the solution was prepared that morning, and I injected the same dose into the same part of the body, for neuralgia, in a female patient that very same day, previous to using it on this patient. I should not care to repeat this operation on Mr. G., and advised him never to have it done again. I would also state that it relieved his lumbago, for the next afternoon he was dressed and down at his meals.

RECENT PROGRESS IN THE TREATMENT OF MENTAL DISEASES.

BY THEODORE W. FISHER, M. D. HARV.

The Moral Nature of the Great Sympathetic. — This is a paper read by Dr. R. M. Bucke, of London, Ontario, at the Association of Superintendents' meeting at Washington, last year, and is supplementary to another one read the year before at St. Louis, both of which are, we believe, parts of an essay by the same author published last June.¹ The mind, Dr. Bucke states, is made up of simple moral states, simple concepts, and of the infinite number of compounds formed from them. These compounds are of three kinds: (1) compounds of simple moral states, (2) compounds of concepts, (3) compounds of moral states and concepts. The elementary moral states are four, namely, faith, love, fear, and hate. In children faith, or confidence, and love seem to exist for a time as one primitive function. It is probable, also, that in animals, if not in children, the negative moral states of fear and hate are

¹ *Man's Moral Nature. An Essay by Richard Maurice Bucke, M. D., Superintendent of the Asylum for the Insane, London, Ont. New York: G. P. Putnam's Sons. Toronto, Ont.: Willing and Williamson. London, Eng.: Trübner & Co. 8vo. 1879.*

at first united. These simple states may be compounded with each other and with numerous complex concepts, so as to produce a great variety of feelings, passions, and emotions. Opposite moral states cannot of course be compounded, as love with hate. As compared with concepts the moral states are few and simple, requiring a proportionately small organic apparatus. The brain by its complexity is fitted for motor, sensory, and intellectual functions. The moral states have, however, a wide range of intensity. They are far more continuous also, emotional conditions lasting for hours and days sometimes, while ideas are exceedingly transient. The parallel between the known functions of the brain, sensation and motion, and those of the great sympathetic, nutrition and secretion, with the two sections of mind, intellect and feeling, is, the author thinks, very striking. The functions of the great sympathetic are continuous, have a wide range of intensity, and are intimately associated with emotional states.

Dr. Bucke argues from his own investigations, as well as from other sources, that there is an intimate relation between great vitality depending on the sympathetic and high morality. Persons of the highest moral nature live longest. He instances the Jews, men of distinction, women, and married persons. He finds the average age of 13,539 persons mentioned in a cyclopædia of biography to be sixty-three and a half years, which is ten years greater than the average of Englishmen who have become established in a business or profession. Of 11,093 men of note who had passed the age of fifty, one in thirty-two lived to be ninety, while by the English life table one in forty-one only live to that age. Women live longer than men by from two to four years. The moral nature in woman is more developed than in man, and the intellect less so. The great sympathetic is also larger, has more organs to supply, and the brain smaller, the average weight being forty-four ounces against forty-nine and a half ounces in man. The increased longevity in these four classes being associated with a higher morality, the hypothesis is warranted that the moral nature depends upon, or is a function of, the great sympathetic. This argument, it must be remembered, is only supplementary to a fuller treatment of the subject in the essay before mention. The moral nature, its limits, physical nature, and development are there considered, with "the inference to be drawn from its development as to the essential fact of the universe."

Psychometry. — Francis Galton, F. R. S., reports a series of subjective experiments,¹ intended to show the rate of the association of ideas, their character, date of formation, tendency to recurrence, and relative precedence. He finds that by patient effort a "whole strata of mental operations that have lapsed out of consciousness admit of being dragged into light, recorded, and treated statistically, and that the

¹ Brain, July, 1879.

obscurity which attends the initial steps of our thoughts can be pierced and dissipated." By the use of written words, disclosed to sight singly, chronometer in hand, he obtained the data for his observations. He noted carefully the time which elapsed before an associated idea occurred, and also the idea itself against its associated word, using each word four times over. He found that five hundred and five ideas required six hundred and sixty seconds, which is at the rate of fifty ideas per minute, or three thousand per hour. This would be slow if the mind were allowed to pursue an uninterrupted train of ideas, as in reverie. The same ideas arose four times in twenty-three per cent. of cases, three times in twenty-one per cent., twice in twenty-three per cent., and once in thirty-three per cent. He believes that unless the mind often repeats an idea it loses it altogether. Recollections of early life he finds imperfect, though firmly fixed from frequent repetition. In old age the mind becomes less flexible, because it cannot help running in the well-defined tracks of familiar ideas. The multifarious work done by the mind in a state of semi-consciousness is startling, and seems to indicate a still deeper strata of ideas sunk below the level of consciousness. Though our ideas are marvelous for number and nimbleness, they are far from infinite in variety, and our working stock of them is quite limited.

General Paralysis. — Dr. Bucknill, in discussing the pathology of general paralysis,¹ claims to have pointed out its special origin more than twenty years ago by showing the gradual failure of reflex action in this disease. He thinks the cerebral and spinal conditions which usually coexist are in a measure independent of each other, and that the chronic subinflammatory state of the meninges is not the fundamental morbid process. This he considers to be some undiscovered chemical or nutritive change affecting the whole nervous system. He says that Westphal² has failed to give due credit to his observations. In the article mentioned Westphal distinguishes two forms, — the tabic, in which the motor symptoms precede, due to gray degeneration of the posterior columns of the cord, and the paretic, in which the mental phenomena, usually dementia and optimism, are well advanced before motor symptoms supervene. We recently examined the brain in a case of general paralysis of the tabic form. The mental symptoms had been characteristic, although late in occurring, and the naked-eye appearances, such as opacity of the arachnoid, effusion, shrinking of the convolutions, and spots of decortication, were distinct. In its earliest stages the case had been diagnosed by a competent neurologist as locomotor ataxia.

The Chemical Pathology of the Brain is the subject of a paper by Dr. Addison.³ He experimented on the brains of twelve insane per-

¹ Bucknill and Tuke, fourth edition, page 606.

² Archiv für Psychiatrie, No. 1.

³ Journal of Mental Science, No. 58.

sons, and found that different parts of the same brain presented greater differences in their quantities of water and fat than in the sane; that the gray substance is poorer in fat than the white; that the matters soluble in ether stand in inverse relation to the quantity of water; that there is slightly more water and less fat than in sane brains; that in two cases of idiocy, one of dementia, and one of chronic melancholia the fat was less in quantity than in the brain of a new-born child; and that the quantity of phosphorus showed no parallel connection with the degree of intelligence.

New Type of Insanity.—The members of the German Verein of Psychiatrie adopted last year a resolution, proposed by Dr. Meynert, recognizing, besides mania and melancholia, a third form of mental disease,¹ or primary insanity, described by Tigges as *Wahnsinn*. It is usually due to hereditary neurotic tendency. The patient is soft, morbidly sensitive, conceited, theatrical, mystical, or hypochondriacal; always thinking of the conduct or opinions of strangers as regards him, often imagining that he is persecuted or ill-used. Outbreaks of excitement are rare, and illusions or hallucinations only occasionally present. The self-accusation of melancholia is wanting, as well as the active aggressiveness of mania. Cases of this type were reported to be as numerous in the Vienna asylum as those of mania and melancholia together.

Periodical Melancholia.—William B. Neftel, M. D., in a paper read before the New York Medical Library Association,² treats of this not infrequent form of insanity. His remarks are based upon a case in which the disease had occurred almost annually for a period of twenty-three years, without developing any other form of insanity or tending to dementia. The recovery from each attack was complete, and often sudden. The attack lasted from four to eleven months, and the interval was about five months. Loss of flesh was an invariable accompaniment, followed by increase in weight on recovery. The attacks began with subacute anæmia, soon becoming general. The skin and mucous membranes were pale; the pulse was about 55, small and feeble; the veins dilated and distended with blood. There was a morbid alteration of nutrition, as shown by boils, eruptions, itching of the skin, and splitting of the hairs of the beard, with a diminution of all the secretions.

Dr. Neftel remarks that Guislain was the first to call attention to the fact that "the great majority of all mental diseases begin with a melancholic stage,"³ while Griesinger treated this psychical affection in close relation to nervous diseases in general,⁴ and Krafft-Ebing⁵ pointed out

¹ *Psychiatriches Centralblatt*, December, 1877, abstracted in *Journal of Mental Science*, April, 1879.

² *Medical Record*, August 14, 1875.

³ *Leçons orales*, ii. p. 162.

⁴ *Pathologie und Therapie der psych. Krankh.*, 2 Aufl., page 213.

⁵ *Die Melancholie*, page 3. Erlangen. 1874.

the analogies of melancholia and neuralgia. Indeed, melancholia can be considered as a psychical pain, a neurosis, a psychical neuralgia of the sensory centres in the cortical substance of the brain." There is a hyperæsthesia of these centres, so that slight external irritation will produce extreme mental distress. From the study of periodical melancholia Dr. Neftel concludes that its direct cause is anæmia of the brain or of some part of it, induced by vaso-motor spasm. Other signs are observed in the contracted pulse, pallor and flushing, cold extremities, and præcordial distress. The spasm is not constant, but probably recurs so frequently as to impair nutrition.

The treatment should be directed against this neuropathic condition. At the outset of the attack a few days' rest in bed are desirable, with remedies tending to the relief of spasm, such as tepid baths and opiates, which make life endurable and palliate the præcordial distress. Inhalations of ether, chloroform, nitrite of amyle, chloral, etc., may be tried. In the case in question, having exhausted all the known electro-therapeutic methods, the patient was sent into the country for the summer. On his return in the fall, without any change in his condition, he recovered after six days' treatment by a new plan, namely, the production by the polar method of anelectrotonus in the cervical sympathetic. This was followed by refreshing sleep, with a speedy disappearance of all the physical and mental derangements.

We are tempted to comment on this suggestive paper, — to speak of occasional sudden recoveries from melancholia, and of cure, permanent and perfect, after long attacks, of five years' duration, even in persons of advanced age. Such instances, as well as the almost certain recovery in periodic cases, should be used as means of encouragement in the treatment of mental depression. We have found massage of great benefit in a periodical case; also mono-bromated camphor. One patient got well suddenly from a third annual attack while camping out on the plains of Texas, and has remained so for three years. The cloud lifted, the gloom disappeared, the leaden cap was raised in a single night. Now and then the patient hears a snap, or feels something give way in his head, and is immediately relieved.

(To be concluded.)

PROCEEDINGS OF THE OBSTETRICAL SOCIETY OF BOSTON.

C. W. SWAN, M. D., SECRETARY.

OCTOBER 12, 1878. — *Tubal Pregnancy; Death from Abdominal Hemorrhage.* — DR. WELLINGTON reported the case. Last August he was called to see a servant-girl, who, after a hard day's work, had been taken suddenly with very severe pain in the lower part of the abdomen, with subsequent vomiting and collapse. He found her lying upon her left side, faint, cold, almost pulseless;

she could not be moved without great pain. Her mind was perfectly clear, and she stated that the menses had been natural. There was increasing dullness on percussion over the lower part of the abdomen, on the left side and continued vomiting. It was reported that she had had a similar but milder attack about two weeks before. She was a widow, aged twenty-nine. She at first denied pregnancy, but afterwards confessed that she was about two months advanced. The uterus was somewhat enlarged, and the cervix was softened. There was no external hæmorrhage. Dr. Wellington diagnosticated tubal pregnancy with rupture and hæmorrhage. This patient died at ten o'clock the next day.

Autopsy by DR. H. O. MARCY, of Cambridgeport, six hours after death. Rigor mortis marked. Body well nourished. Tissues nearly bloodless. In abdominal cavity there were six pounds of blood, free and partly coagulated. Uterus enlarged as follows: length four inches; length of cervix one and five eighths inches; wall of fundus seven eighths inch in thickness; breadth at Fallopian tubes three inches; thickness of cervix one and one fourth inches. The right ovary had undergone cystic degeneration. The left Fallopian tube was twisted into the shape of the letter S by adhesions of firm fibrinous bands to the posterior wall of the uterus, the result, apparently, of an old pelvic cellulitis. Near its uterine extremity it was enlarged by a cyst of the size of an orange. This had ruptured upon its upper anterior border, leaving a triangular opening, the sides measuring respectively one and one fourth inches, one inch, and five eighths inch. No fœtus was found, but the villi of the chorion were interlaced with the hypertrophied mucous membrane of the tube, and there could be no doubt that this was a case of tubal pregnancy. The mucous membrane of the uterus and the uterine glands were hypertrophied, completely filling the uterine cavity. Corpus luteum as at second month of pregnancy; about three fourths inch in length, wall surrounding it yellowish, and but little color in central clot.

DR. LYMAN inquired if there was any hæmorrhage from the vagina. In these cases, as a rule, there was none, but it was sometimes present. He also remarked upon the diagnosis of this accident, especially in respect to the peculiar pain and collapse, and saw no reason why section of the abdominal wall and removal of the clot and ovum, and ligature of the bleeding part should not be resorted to. Cases might thus be saved which otherwise almost certainly would result fatally.

A Fatal Case of Puerperal Disease. — DR. RICHARDSON reported the case. Three weeks prior to the time of the meeting a woman was brought drunk to the Lying-In Hospital. She was supposed to be eight months pregnant. She was flowing badly, and her clothes were saturated with blood. A pulseless cord hung between her thighs. The placenta had become separated from an attachment high up, and had fallen down to the lower portion of the uterine cavity. The os was dilated, and the child turned and delivered. The next day or two the patient's condition was normal, excepting an inability to sleep, and large doses of bromide of potassium and chloral were given. The temperature was not above 99° F. On the fifth day there was a slightly offensive odor of the lochial discharge for twenty-four hours. There was no chill and

no tenderness over the uterus. On the morning of the tenth day she was remarkably bright and lively. That night she was found walking about the wards. On the afternoon of the following day the temperature was 105° F., she was delirious, and thirty-six hours later she died. She had cough during the last twenty-four hours. An autopsy by Dr. Fitz revealed inceptive double pneumonia. There was ulceration of the cervix uteri, a slight superficial rent of the mucous membrane of the right side of the cervix, and an ulcerated condition of the lining membrane of the uterus, with a softened condition of the whole organ and of the spleen.

Fatal Puerperal Disease of Doubtful Character and Origin.—DR. EDES reported the case of a lady confined with her second child on a certain Tuesday. A convalescence ensued, which was normal in every respect up to the evening of the following Tuesday, when the patient felt particularly well. That night she complained of feeling hot, and the nurse removed the clothes. On the following morning the temperature was 102° F., and there was very slight tenderness in the right groin. Castor-oil and quinia were administered. In the evening the temperature was 104.5° F., the next morning 100^{+} F.; then slight tenderness persisted, but there was no distention of the abdomen. The oil had operated. That evening the temperature was 105° F., the next morning 105^{+} F. Vaginal injections were used a few times, but came away almost uncolored, and were discontinued. Several loose, pasty dejections of grayish color had occurred. The patient was then seen in consultation by Dr. Reynolds. The only pain was during the passage of wind or feces from the bowels. The next morning the patient appeared much better (temperature 100.5^{+} F., with less tenderness), but in the afternoon there was a peculiar attack of collapse, with vomiting and purging. On the morning of the same day a slight swelling of the glands under the left jaw had been observed; later, under the right ear, the parotid being apparently the affected gland. On the right side these rapidly increased. The patient afterwards became delirious, and died the next morning. The lochia, which before the attack had become scanty and light colored, continued normal and absolutely without offensive odor throughout. The case was called one of puerperal pyæmia. A few days later a sister-in-law, who had been with the patient, went home, and had typhoid fever. It afterward appeared that she had for a week or two experienced unusual feelings of malaise and languor. The occurrence of these two cases led to an investigation of the house, and to the discovery of a bad condition in a vault attached to the house, the smell of the oil of peppermint, used as a test, escaping in various directions.—DR. LYMAN said he did not see why both cases might not be accounted for on the supposition of extraneous poisoning from the defective drainage. The symptoms need not have been those of typhoid fever, typically, nor was it necessary to suppose that the typhoid lesions must have occurred from drainage poison.—DR. RICHARDSON maintained that the case was one of puerperal septicæmia, on the supposition, for example, of a condition of subinvolution and the absorption of poison from lochial blood.—DR. EDES asked why, if normal lochia were to be regarded as a septic poison and incomplete involution of the uterus constituted susceptibility on the part of the patient, every puerperal woman did not get septicæmia.

PROCEEDINGS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

T. M. ROTCH, M. D., SECRETARY.

APRIL 26, 1879. Sixty-nine members were present, Dr. C. D. HOMANS in the chair.

DR. JAMES AYER finished his review of two thousand cases of midwifery, which, together with Dr. Channing's paper on Care of the Insane in Massachusetts, was reserved for publication.

Infantile Paralysis.—DR. E. H. BRADFORD reported the following cases, and exhibited the patients:—

CASE I. H., a healthy boy, with infantile paralysis of left thigh and leg, affecting the quadriceps extensor cruris and the extensors of the foot; the leg held bent at the knee, the foot in the position of talipes equinus, the muscles moving the thigh unaffected. The paralysis had followed a slight febrile attack one and one half years before. The child was quite active, and able to go about freely with the help of crutches; unable to stand without crutches, or to bear any weight upon the affected limb. After treatment directed to straighten the limb, no tenotomy being performed, and the application of apparatus especially adapted for the purpose, the child became able to bear his whole weight upon the affected limb. He can walk a mile, plays ball, climbs trees and engages in boys' sports, not needing a crutch or cane. If the apparatus is removed the child is as helpless as before.

The patient has been under observation for two years since the apparatus was first applied. He has grown in height, and the difference in the length of the limbs is slight. There has been no recovery or improvement in the muscular power of the affected muscles. The foot still has a tendency to the equinus position, which it assumes if the apparatus is left off for any time, but this is readily corrected when the apparatus is reapplied.

CASE II. F., girl, five years old, infantile paralysis involving both lower extremities. Paralysis followed a febrile attack when the child was a year old. Both lower extremities smaller than normal. Complete paralysis of the extensors of the left leg (quadriceps extensor cruris), of the left foot, and of the extensors of the right foot. The right foot was in a position of equinovarus, unyielding to manipulation, and the left of equino-valgus. The muscles of the lower limbs not paralyzed were not as well developed as is usual in a child of her age. The child has never been able to stand even with the aid of crutches.

The distortions yielded readily to appropriate mechanical treatment, no tenotomy being performed. On removal of the distortion of the right foot, the child gradually gained the power of standing upon the right limb while leaning upon a chair. When apparatus is applied to the left limb and an ankle support to the right, the child is able to stand and walk. At last report the child had walked a quarter of a mile, taking hold of her father's hand and using a cane in her other hand. The child does not use crutches. If the apparatus is removed she is quite helpless. In the two years that the child has been under observation there has been no improvement in the paralyzed

muscles. The general condition of the child has, however, improved in a marked degree, and the child has grown in height.

CASE III. M. A., seven years old, a case almost a duplicate of Case II., except that the attack of infantile paralysis did not take place until the child was six years old.

The application of apparatus after proper treatment to correct deformity was attended by a good deal of assistance to the child. The patient when apparatus is applied to the left limb is able to walk without cane, crutch, or additional support of any kind. If the apparatus is removed she is unable to step or stand except with crutches.

In treating infantile paralysis (infantile spinal paralysis, essential paralysis of children, myelitis of the anterior horns, as it is also called) certain facts are to be kept in mind which are frequently overlooked: (1.) The disease is primarily a lesion of the spinal cord.¹ (2.) The muscles dependent for their nervous supply upon the affected portion of the spinal cord are paralyzed, and usually degenerate secondarily.² (3.) There is almost always improvement in the paralysis in the six or eight months following the seizure; in some cases complete recovery takes place.³ (4.) All recovery which is to take place occurs in the six months⁴ or eight months⁵ following the seizure; after this the affected muscles are to be regarded⁶ as hopelessly injured. (5.) No treatment is known to influence the central (spinal) lesion; treatment should be directed to prevent degeneration of the muscles of the affected limb, to prevent and correct deformity, and to permit all locomotion possible.

Friction, electricity, application of warmth, should always be advised. The muscles most frequently found permanently paralyzed are those on the anterior and outer side of the leg, and on the anterior and outer side of the thigh.⁷

These are the muscles which are kept upon the stretch when the knee is bent and the foot dropped, a position almost invariably held by a paralyzed leg. It is probable that these facts stand in the relation of effect and cause.⁸ The patient is paralyzed because of a lesion of the spinal cord. The affected limbs are in a state of impaired nervous supply. As the spinal lesion improves, in the natural process of recovery there is a gradual improvement in the paralysis. Certain muscles which have been injured by being constantly stretched (when in an enfeebled state) have become so far degenerated that they cannot recover, even though the central lesion is better, as completely as other muscles which have not been stretched.⁹ The muscles on the anterior part of the leg and thigh should therefore be protected from being over-stretched in the six months following the paralytic seizure.

Deformities following infantile paralysis can be corrected usually with comparative ease by traction upon the shortened muscles. Tenotomy is by no means always necessary in the treatment. There is frequently, however, a

¹ Vide Charcot, *Maladies des Système nerveux*. Seguin, *Myelitis of the Anterior Horns*.

² Charcot.

³ Vide Meyer, *Medical Electricity*, translated by Hammond.

⁴ Volkmann, *klinische Vorträge*, No. 1.

⁵ Charcot.

⁶ Charcot.

⁷ Laborde, *Paralyse de l'Enfance*.

⁸ Vide Taylor, *Infantile Paralysis*.

⁹ In infantile paralysis of the upper extremity the deltoid muscles rarely recover. (Laborde.)

tendency to relapse, it being impossible to remove the primary cause of the deformity, namely, the paralysis.

After the deformity is corrected and the limb is comparatively straight, it is possible for the patient to stand, provided the bones can be prevented from falling out of the line of support. If a child with paralysis of the quadriceps extensor femoris attempt to stand on the paralyzed limb, the knee drops forward, as there is no muscular power to check it. The child can stand if by mechanical means the knee is kept from dropping forwards, the lateral and crucial ligaments and the bony formation of the articulation of the femur and tibia keeping the limb from deviating in any other direction. This was clearly illustrated in the three cases here reported.

The distortions of the foot resulting from infantile paralysis affecting the muscles of the leg yield much more readily to traction or to treatment without tenotomy than congenital club-foot. For the patient to stand or walk with comparative ease it is important that the ankle should be prevented from falling to the inner or outer side when the weight is thrown upon the foot.

The choice of apparatus is a matter of a good deal of importance in treating these cases; it is, unfortunately, a matter often neglected. Physicians who would consider themselves careless if they should send a patient with a Colles's fracture or fracture of the humerus to an instrument maker with a request that a splint be furnished, frequently order apparatus for infantile paralysis without a thought as to whether the indications for proper support are met in the appliance furnished, or, in other words, whether the "brace" is of any use or not. Very little, if any, special skill is required in devising and applying apparatus for these cases. The appliance can be simple, and should be made for each individual case to supplement the paralyzed muscles. This is a thing which any surgeon can understand, and any blacksmith can make under his directions.

Color-Blindness. — DR. B. JOY JEFFRIES reported the statistical results of his examinations for color-blindness in the colleges and schools of this community, which have been since published in his work on Color-Blindness, its Dangers and its Detection. The percentage he found to hold in the same proportion as he had previously reported to the society, namely, about four per cent. of males, whilst in the females he had discovered with the same test — that of Professor Holmgren with the worsteds — only four cases among over seven thousand.

He also described by diagrams, etc., Professor Holmgren's chromatokiometer, or color-sense tester, by which the degree of color-blindness could be determined, and spoke of its being employed to test over again the railway employees of Sweden who had been found deficient by the worsted test. Its value as showing the distinction between *red* and *green* blindness was pointed out.

Dr. Jeffries then showed Professor Donders's method of determining color-blindness quantitatively, precisely as used on the Holland railroads. He afterwards exhibited and explained by an apparatus with double lights and apertures the method of testing by signal lanterns, and illustrated how the color-blind really saw the lights, as also how they distinguished them, relying solely on the difference in the *intensity* of the light. He briefly spoke, in closing, of the necessity of such laws of control of color-blindness on land and sea as are now in force in Europe, and of the action of the legislature of Massachusetts.

FLINT'S CLINICAL MEDICINE.¹

THIS work on the diagnosis and treatment of diseases has been prepared, the distinguished author tells us in his preface, as a book of reference for the practitioner, and as an aid to the medical student in his clinical studies. The plan of the work and the arrangement of diseases have been made with special regard to clinical medicine. There is an introduction of sixty pages, devoted to important topics having a general bearing on medical study and practice, and the rest of the volume is given up to the diagnosis and treatment of diseases under two great divisions, general and local, which again are subdivided into six sections. The first five sections are taken up by local diseases, which are distributed into classes corresponding with the different physiological systems. Of these sections the fifth is by far the largest, and is occupied by diseases of the nervous system. It includes a short chapter on mental diseases or insanity. The sixth and last section suffices for fevers and other general diseases. As far as possible, diseases are arranged by grouping together those of which the diagnosis involves differentiation from each other. No attempt is made to include ætiology or pathology, for which the reader is referred to more comprehensive treatises.

This volume of eight hundred pages forms a valuable compendium to the author's Treatise on the Principles and Practice of Medicine, and would be a very useful book of reference even for those who are not fortunate enough to have the other work. It is dedicated to the memory of Drs. James Jackson, John Ware, and Jacob Bigelow.

There are a number of corrected errata indicating a somewhat hasty revision, which would not occur in a second edition. The paper and printing are good, and the form is that to which the publishers have accustomed us in the same author's previous works. There is a very full table of contents and an alphabetical index.

CONTRACTION OF THE PALMAR FASCIA.²

THIS affection, both painful and deforming, as well as disabling, is one for which the possessor is eagerly inclined to seek relief, but which, unfortunately, surgery has been loath to supply with a cure. The disease was first described by Dupuytren, and the prominent band which draws down the finger towards the palm of the hand was found to be due not to the contraction of the tendon, but to the palmar fascia, which, on dissection, appears like the string of a bow inserted by two forked extremities into the fascia and the base of the phalanx. Attempts to meddle with the palm of the hand are likely to be followed by severe inflammations, and the feeling has prevailed among surgeons

¹ *Clinical Medicine. A Systematic Treatise on the Diagnosis and Treatment of Diseases. Designed for the Use of Students and Practitioners of Medicine.* By AUSTIN FLINT, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc. Philadelphia: Henry C. Lea. 1879.

² *Observations on Contraction of the Fingers (Dupuytren's Contraction) and its Successful Treatment.* By WILLIAM ADAMS, F. R. C. S. London: J. and A. Churchill, New Burlington Street. 1879.

that the patient is lucky if he escape without a serious increase of the deformity, which might extend to other fingers. These dangers led to the abandonment of the open operations, which consisted in either dividing the bands freely or dissecting them out. Mr. Adams's operation consists in a number of subcutaneous divisions of this band. These are made with a small tenotomy knife curved only on the back. The instrument is inserted between the skin and the band, near the centre of the palm and above the point where these two structures are usually adherent; a second cut is made near the base of the phalanx; two more cuts are made on the side of the phalanx at a point opposite the web of the fingers, great care being taken to avoid dividing the vessels. The finger is then put on an internal straight splint for four days. It is kept on with more or less persistency for several weeks after this. If the deformity is great, it may be necessary to follow up the operation with an apparatus with a rack-and-pinion movement. The author gives a number of interesting illustrations of this disease and the results following operation. In the same book is an account of an operation designed to obliterate depressed cicatrices when their situation on exposed places causes disfigurement. It appears to be as effective as it is ingenious.

MORPHINE POISONING.

THE instance of poisoning by an ordinary dose of morphine injected subcutaneously, which we publish on another page, again directs attention to the unusual individual susceptibility to certain drugs, particularly morphine, which has been the cause of alarm to many a prudent practitioner. Fortunately the result of an ordinary dose is not likely to be fatal, although the collapse is often extreme and long continued. We do not believe that the dangerous symptoms which not infrequently follow the use of the subcutaneous syringe arise as has been suggested, from the injection of the small quantity of air which might possibly enter a vein with the fluid, because such an occurrence is usually guarded against, and, moreover, the sudden and lasting influence of a poisonous dose is evinced by unmistakable symptoms, in extreme cases those of toxæmic coma. The recognized danger in the use of opium in Bright's disease indicates the probability of a like risk in other conditions which are not yet fully understood; and although in the case reported all due caution was used, there is no doubt that recent writers are correct in stating that drugs injected under the skin, notably morphine, act with at least twice the force and with much greater rapidity than when given in any other way, therefore the ordinary doses of morphine for subcutaneous injection should be from one sixteenth to one eighth of a grain until the patient's tolerance is proved. We also believe that the free use of the subcutaneous syringe in painful affections proves to be oftener a curse than a blessing to both physician and patient, and those cases of surgical injury or operation, nephritic colic, gall-stones, and violent neuralgias, which are presumably of short duration, and require immediate relief, are rare. In most other cases the effect of the frequent use of the remedy, especially when administered subcutaneously, is worse than the disease.

We are much indebted to Dr. Tupper for the report of his case, and should be glad if our correspondents would inform us of similar unusual experiences occurring in their practice.

THE REPORT OF THE PHILADELPHIA BOARD OF HEALTH.

THERE were fewer marriages reported in Philadelphia in 1876 than in any other year since 1862, or at the very small rate of 12.93 per 1000; the living births reported, 17,799, do not represent the full number; the deaths are thought to be accurately returned, and the number, 18,892, was greater than in any other year except 1872. If the population was correctly estimated at 825,594, the death-rate, 22.88, was exceeded in only one year of the decennial period, 1872, and was 0.25 greater than the average for sixteen years. The deaths were 1087 more than in 1875, 3654 more than in 1874, and 3668 more than in 1873.

Small-pox was unusually fatal, but, fortunately, was met with vigorous measures, and the epidemic steadily declined from the time of the opening of the Centennial Exhibition, in spite of the great crowds and the constant movement and intercourse of the population. Cholera infantum was more prevalent than common, and typhoid fever decidedly so, the average temperature of the three summer months having been very high, and the rain-fall extremely small. Diphtheria was more fatal than ever before, and prevailed most in the outlying parts of the city; scarlet fever was very mild, and measles quite so.

The deaths from typhoid fever were 773, nearly double the average of the previous ten years. The water supply of the city was contaminated with human excrement, and we think that few persons will see the force of the reasoning that "the limited number of cases of typhoid fever in Philadelphia is then opposed to the idea that a poisoned drinking-water was the cause of the epidemic," on the strength of Parker's statement that "a very large proportion of the susceptible persons who drink the water (contaminated with typhoid 'germs') is affected." We know that very many people were careful not to drink it, and should suppose, too, that the number of cases would be small or great in proportion to the dilution of the filth in the water. A more conclusive argument is that the parts of the city supplied by the most impure water did not feel the increase in the typhoid rate so much as others "where the streets were unsupplied with sewers, and the privies in the rear of the houses sometimes became, escaping the notice of the authorities, so full as to overflow their margins, and in some instances, being imperfectly lined, allowed their contents to soak through the surrounding soil." Instead of the employment of twenty different companies to empty these vaults, as now, the abolition of the privies is recommended in favor of a well-devised sewer system. In noting the slight mortality among the visitors to the Exhibition, and inferring a favorable condition of the public health therefrom, sight has apparently been lost of the fact that many strangers contracted typhoid fever there, and died at home.

Among the most important of the good works done in the city are regulating the public abattoir and slowly getting rid of the slaughter-houses; removal

of places for burning lime; regulation of buildings on land newly made from sweepings, etc.; removal of garbage; paving the streets with Belgian blocks; sweeping the streets only at night in summer; and a movement to put a stop to the few thousand intramural interments now made each year.

SUDDEN DEATH FROM INJURY.

A CASE of sudden death during an operation has recently occurred in Chicago that has attracted general interest. A young man received a pistol-shot — evidently a small bullet — under the right eye. A large swelling immediately appeared at the angle of the right jaw. Two days later, when first seen by his doctor, — Dr. E. W. Lee, — inflammation existed in this mass, making an aspect like that from mumps. The mouth could not be opened, and there was fever. In a week the fever and inflammation had abated or disappeared, and the patient was moving about. Swallowing and speech, difficult at first, had not much improved. The patient returning at the end of two weeks after the injury for relief from the symptoms mentioned, Dr. Lee for the first time was able to open the patient's mouth sufficiently for an inspection of this cavity. (The patient had not been seen for one week.) Now there was found a tumor projecting from the roof of the mouth, over the hard palate on the right side, of the size of a hickory nut, and looking translucent and œdematous. It was hardish, and without fluctuation. It being thought proper to explore the mass, a small cut was made into it with a gum lancet; a few dark clots of blood came out. Next, a free incision across the mass was made; out came other dark clots, then an impetuous gush of arterial blood. Effort was made to tampon the opening with a handkerchief, but the struggles and biting of the patient made its accomplishment impossible, and the man died of the hæmorrhage in two minutes.

The autopsy revealed the bullet lodged in the posterior wall of the internal carotid artery, it having passed through this vessel, making a rent in its anterior wall, through which blood had issued, forming and filling the cavity of a large aneurism. The pressure within this sac had been such that the blood had burrowed its way beneath the mucous membrane, up the right side of the throat, and forward upon the roof of the mouth, beneath the periosteum, forming the tumor opened by the operation. Thus the surgeon's cut, although two inches from the carotid, had entered an aneurismal sac directly connecting with a large opening in that vessel. The clots remaining in the aneurism were in an advanced stage of softening, and about the lower part of the cavity pus was found in small quantity.

Dr. Fenger, who made the autopsy, testified, at the inquest, that death would have occurred within a few days had no operation been performed; that, pus having begun to be formed, it would have made an opening externally, as in the history of all abscesses, when death suddenly from hæmorrhage would have taken place.

Prof. Moses Gunn, who was called by the coroner as an expert, testified that, after listening to the testimony of Drs. Lee and Fenger, and after examining the morbid specimen, he felt bound to express his belief that an accident

similar to the one under investigation might have happened in his own hands under similar circumstances. He thought surgical caution would warrant the exploration of such a tumor as was found in this patient's mouth, and that a surgeon would not and could not foresee that such a tumor communicated at such a distance with an aneurism. He thought the probabilities all pointed to an early death by a spontaneous opening of this aneurism had it been left undisturbed. Other expert testimony — namely, of Drs. Dunn and Hobbs — pointed to the same conclusion as that reached by Drs. Fenger and Gunn. There was none of an opposite kind.

The jury returned a verdict in accordance with the facts, closing with the declaration that "under the circumstances he [the surgeon] was perfectly justified in making such incision."

MEDICAL NOTES.

— A sorrowful close has come to the career of a distinguished English surgeon, recently on a visit to this country, who passed some time in Philadelphia, — Mr. George W. Callender, surgeon to St. Bartholomew's Hospital, London. He had made two visits to the United States, as has become the custom of so many of the intellectual, studious, and professional men of Great Britain and Ireland, the last one within a few months. He arrived here in the steamship Gallia in August last, and, returning home by the same ship, which sailed October 15th, he died of Bright's disease on shipboard October 20th. Mr. Callender was a very skillful surgeon, a man of rare ability, and of eminent social position. In this country he was warmly welcomed, and had many friends, especially among medical men, to some of whom he had shown great attention abroad, and his decease at the threshold of his own country on his return home is very deeply deplored. He was accompanied on his last visit here by his two daughters, to whom the father's death is a grievous loss.

— The *Nashville Journal of Medicine and Surgery*, in noticing Dr. Long's claim as the discoverer of anæsthesia, says, "Looking at the matter in all its bearings, the question of priority of discovery is a most ridiculous one, and deserves not to be entertained a moment. To Dr. William T. G. Morton, first of all, belongs the honor of the discovery of anæsthesia, and to him the world should give the full meed of praise. 'Honor to whom honor is due.'"

— The town of Woonsocket, R. I., is soon to have a new hospital. The late Dr. Ezekiel Fowler, of that town, left at his death a considerable sum of money to be devoted to this purpose. The accumulations of this bequest, together with additions by other donors, have amounted to such a sum as to warrant the commencement of the enterprise. The hospital is to be built upon the pavilion system, and will be practically free. Dr. Ariel Ballou is the president of the corporation, and it is largely through his efforts that the accomplishment of the purpose of the original donor is now so near at hand. Woonsocket is a manufacturing town of nearly fifteen thousand inhabitants, and the establishment of a free hospital within its limits cannot fail to be of immense benefit.

— Dr. Löwenburg recommends the following method of gargling the nasopharyngeal cavity: The patient inclines the head horizontally backward, and performs movements which we may call "quasi-deglutition," not including the last portion of this physiological action, definite swallowing. The liquid is passed much higher behind the soft palate than the ordinary method of gargling will permit; some persons succeed so well in this manoeuvre that they are able to reject by the nose the liquid which has been received by the mouth. Moreover, these rapid muscular contractions completely detach the abnormal secretions, which can then be easily expelled, and the greatest possible relief is thus given to the patient.

A better method is to fill the mouth with the tongue; this confines the gargle to the pharynx. The head should then be bowed in a forward direction until the top of the cranium is its lowest portion. In this position the gargle will not only wash the roof of the pharynx, — giving it a sort of sitz-bath, as it were, — but if the patient have caught the trick will flow forward through the nose.

— A correspondent of the *Lancet* writes strongly in favor of a combination of the iodide and bromide of potassium in cases of epilepsy. He says that this mixture will soon effect a cure, even in those cases which have defied the bromide.

— Dr. Maunsell, a well-known and influential professor in the Royal College of Surgeons in Dublin, and the author of two medical works which have done credit to the Dublin school, recently died at the age of seventy-four years.

— M. Hervieux reported the following case at a recent meeting of the Paris Académie. A young girl aged twenty-two, five months pregnant, had contracted well-marked syphilis. She, however, was confined at full period of a well-shaped child in good health. But in the placenta there existed from fifteen to eighteen mammillated tumors, which Dr. Hervieux considered to be gummata. His opinion was contested by Drs. De Paul and Larnier.

NEW YORK.

— At the late O'Leary walking-match at the Madison Square Garden, one of the starters was "Dr." Richard Cromwell, a rather curious specimen, from California. On the eve of the walk he stated that he was a physician worth a hundred thousand dollars; that he had written three books on walking, and that he intended to write another on his experience in this contest. He also said that he "had malarial fever on Friday, gastric fever on Saturday, a severe attack of colic Sunday, and then came on the track feeling like a lark." During the short period that he was a competitor for the five-thousand-dollar prize he was gorgeous in Indian trappings; but at the end of twenty-five miles his ambition in the way of pedestrianism appeared to be entirely satisfied, and he quietly withdrew from the race.

PHILADELPHIA.

— The first part of the month of October in this locality has presented a remarkable record of continuous warm weather. A grateful change occurred

on the 18th, but during the first seventeen days it seemed much more like August than October. Upon consulting the records at the Pennsylvania Hospital (which extend back to the year 1825), it was found that this hot weather was unprecedented. In the fifty-four years from 1825 to 1878, inclusive, there were 1674 October days. During only *eleven* out of those 1674 days the thermometer marked 80 degrees or upwards. But during October, 1879, the thermometer at the same place has marked 80 degrees or over on *eleven* out of seventeen days, as follows: first, 88 degrees; second, 84 degrees; third, 87 degrees; fifth, 80 degrees; sixth, 80 degrees; ninth, 80 degrees; tenth, 80 degrees; thirteenth, 80 degrees; fifteenth, 83 degrees; sixteenth, 85 degrees; and seventeenth, 83 degrees. The mercury has been over 70 degrees every day in the month up to the date named except on the fifth; it had not at any time fallen lower than 55 degrees. Since 1825 the mercury had never risen higher than 87 degrees in October until this present month, and that was for one day in the month only.

— One of the consequences of the unexpected heated term was the possibility of a small outbreak of yellow fever, just as a warning to our authorities for next summer, as our streets are in a bad condition. As quarantine expired on September 30th, the officers relaxed their vigilance somewhat on the last day, and allowed a vessel to pass which had come directly from an infected port in Cuba, and had lost the steward on the passage, the captain declaring that the man had died from accident, the result of a fall. On October 4th the mate of the vessel was sent to Jefferson College Hospital suffering with fever. On the 6th he was decidedly jaundiced, and had the characteristic vomit of yellow fever. He was at once transferred to the Municipal Hospital, where he died the same night. The vessel was at once taken in charge by the quarantine officers, and fumigated, and the captain held to answer the charge of making a false return to the health officer. No more cases have occurred.

— Prof. Wm. Goodell recently performed double ovariectomy for the relief of metrorrhagia accompanying uterine fibroma of large size. The ovaries were removed by laparotomy, the operator having failed to seize these organs by a previous vaginal incision.¹

— At the October meeting of the Pathological Society the following officers were elected for the ensuing year: president, S. W. Gross; vice-presidents, Wm. Norris, J. Ewing Mears, Jas. Tyson, and J. Solis Cohen; secretary, Morris J. Lewis; treasurer, John B. Roberts.

— At the Pennsylvania Hospital, Dr. Morton recently used Bonvill's dental engine for drilling the bone in a case of ununited fracture; it accomplished the purpose with remarkable facility.

CHICAGO.

— Rush Medical College has a class of four hundred and eighteen students, an increase of nearly fifty over last year, notwithstanding the fees have been raised from fifty-five to seventy-five dollars. This would indicate that the time is ripe for a further advance in the requirements for graduation.

¹ For remarks upon this operation see JOURNAL for 1879, vol. c. p. 841.

THE LONDON HOSPITALS.

MR. EDITOR, — At this time of year, when the number of hospital patients is comparatively small, and most of the principal physicians and surgeons are out of town, there is not much to be seen in any of the London hospitals. During my stay here I have visited three, St. Thomas's, St. Bartholomew's, and the London. At St. Thomas's I saw no operations, but in the wards of Mr. McCormac was a successful result of the operation for knock-knee, by sawing off a piece of the inner condyle. The patient was a boy fourteen years old. Lister's method had been employed in the operation and subsequent dressings. The legs, whose tibiae had been at an angle of one hundred and thirty-five degrees with the femora, were brought into a straight line, and bandaged to long Dupuytren's splints. The leg last operated on is still confined to the splint, so that its condition cannot as yet be positively ascertained, but the other leg is almost perfectly straight, and with the exception of some laxity of the ligaments about the joint, which it is thought time will correct, seems very serviceable. Another excellent result in the wards of the same gentleman was that of a plastic operation for exstrophy of the bladder.

I saw at St. Thomas's a very effectual way of removing plaster of Paris from the hands, an item which may be interesting to those who have much to do with plaster bandages. It consists merely in the use of white of egg instead of soap in washing the hands, and answers the purpose admirably, as I had occasion to observe.

At the London Hospital quite a remarkable case was shown in the wards of Mr. Adams. It was the successful result of operation for a strangulated hernia with rupture of the intestine. The hernia, which was of some years' standing, became strangulated two weeks before. Violent attempts at reduction were made by the patient himself, a middle-aged man. At the operation, which was performed very shortly afterward, Mr. Adams found in the intestine a rent an inch long, from which the intestinal contents were escaping. The sac was lacerated, and the surrounding parts were much bruised. The rent in the intestine was sewed up with catgut; the incision was also sewed up, and a drainage-tube inserted. The patient did very well, and is now almost recovered. One end of the incision still remains open, and discharges a little pus, but is granulating well. The operation was not antiseptic.

Subcutaneous section of the shaft of the femur was illustrated in the case of a girl, twelve years old, who entered the hospital with strong flexion, adduction, and inversion of the right thigh, the result of old hip disease. Mr. Adams divided the shaft of the femur subcutaneously, just below the neck, drew the leg down parallel with the other, and applied a Dupuytren's splint. No unfavorable symptoms followed the operation. The patient is now, at the end of three weeks, doing well. Both legs are straight, and prove, on measurement, to be of equal length. It is, of course, still too early to determine the ultimate result of the operation. Two or three cases of fractured thigh in small children were treated by an apparatus of which Mr. Adams spoke very highly. The fractured thigh is put up in a Buck's extension, and the child is

put into a frame consisting of two long Desault's splints running up to the axillæ, and connected below the feet by a cross-piece, through which the extension cord runs. The splints are bandaged to the body, and each leg is bandaged to the splint which lies against its outer surface. The child is thus rendered immovable below the shoulders, while at the same time extension is kept up.

I was fortunate enough to visit St. Bartholomew's on operating day, and thus was able to see two operations, one by Mr. Langton, one of the assistant surgeons, and the other by Mr. Smith, of the visiting staff. Mr. Langton's operation was the exploration of a sinus in the lumbar region. It was done under carbolic spray, and the Lister dressing was afterwards applied, rather an uncommon thing for St. Bartholomew's, where the "Callender" dressing is generally used. The spray was produced by a hand atomizer, worked by one of the attendants. Mr. Smith's operation was for exstrophy of the bladder, and was a most interesting one. The patient was a boy, ten years of age. Several months ago Mr. Smith operated on him by fastening the left ureter into the colon, thus allowing the urine from the left kidney to flow into the intestine instead of the bladder, and to be discharged per rectum. The patient made a good recovery, and has been playing about the hospital ever since, apparently suffering no ill effects or even discomfort from the presence of urine in his rectum. On the present occasion the operation was repeated on the opposite side. A small elastic bougie was passed into the right ureter from the opening in front. The patient was then turned on the left side, and an incision was made in the right lumbar region, exposing the right ureter and the colon. The ureter was then cut away from the bladder, and fastened with fine silver sutures into a small incision which was made in the colon. Catgut ligatures were used throughout. A rubber drainage-tube was inserted, and the wound loosely sewed up. The dressing consisted of lint soaked in carbolic oil. No spray was used. If the second operation proves as successful as the first, Mr. Smith intends finally to perform the ordinary plastic operation for exstrophy.

I was surprised to find that at St. Bartholomew's adult patients are not chloroformed, but are anæsthetized with a mixture of ether and nitrous oxide. It is claimed that this mixture works more quickly and with less discomfort to the patient than pure ether. The patient on whom I saw it used was certainly anæsthetized very quickly, and with little apparent discomfort. The anæsthetic was administered with an inhaler, which I was unable to examine closely. It consisted of a mouth-piece connected by a rubber tube with a reservoir which contained the anæsthetic, and was arranged so that any desired proportion of air could be admitted. Chloroform is given, however, to patients under fourteen years of age, as it is not considered dangerous to children. It was used in the operation last described.

The "Callender" dressing at St. Bartholomew's consists of an indefinite number of thicknesses of lint soaked in carbolized oil and covered with gutta-percha protective. Mr. Callender's house surgeon says that with this dressing first intention is the rule, and that there has been no case of erysipelas in his wards within six months.

A vesical calculus is to be crushed at St. Bartholomew's on the 29th inst. by Dr. Bigelow's method. It will be the first time that litholapaxy has ever been tried at that hospital.

JOHN B. WHEELER.

LONDON, August 27, 1879.

SHORT COMMUNICATIONS.

LYMPHADENOSIS, WITH BROWN PIGMENTATION OF SKIN.

BY WILLIAM CHILD, M. D., BATH, N. H.

In the *London Lancet* for June, 1879, is reported a case of lymphadenosis, with brown pigmentation of the skin. Having recently had a case similar in many respects, and believing that cases of lymphadenosis are rare among country physicians, I submit the following:—

In June, 1878, F. S., aged thirty-five, came to my office for treatment. He stated that he was a farmer; that he had been generally in good health, never had any severe illness, and was temperate; that about nine months ago there came a swelling in left side of the neck, and a small, hard swelling just above the left clavicle; that, soon after, similar swellings came upon the right side of the neck and under each arm; that he was weak, had bad digestion, constipation, and night sweats.

On examination, I found large clusters of glands in the cervical and supra-clavicular regions, and in each axilla, enlarged, hard, and movable; face pale; skin moist; tongue little coated; pulse 100; temperature normal; urine without albumen, but it had frequently a deposit.

During the next few months he seemed to improve, taking hypophosphites of soda and lime, and living near the sea-shore. Early in the next winter the glands again increased in size, and also glands in the groins became diseased, and probably those in the abdomen and chest. The abdomen was full, with certain points firm and hardened; he had now and then dyspnoea, with coarse râles in upper part of left chest; night sweats increased; appetite less; strength failing. About this time appeared (1) in the loins patches of a brown color resembling those found in Addison's disease; (2) the soft parts about the left hip and thigh became thickened and brawny, but not discolored. This condition continued until his death, about two years from the first appearance of the disease. No post mortem was made.

In the case reported in the *Lancet* an autopsy showed that the supra-renal capsules were perfectly normal, but that the semilunar ganglia and solar plexus were involved in a closely aggregated mass of enlarged lymphatic glands. Says the *Lancet*:—

"From these facts two inferences may be fairly drawn: (1) that in Addison's disease the peculiar discoloration of the skin is not due immediately to the disease of the supra-renal bodies *per se*; (2) that it is due to extension of disease from these bodies to the sympathetic nervous centres in their neighborhood.

"Other published observations go far to establish the latter proposition as a sure fact. And if it be a fact it is the more interesting, because it is not likely to be an isolated fact in the agency of the nervous system. It points to this system as the agency through which are produced the dark areolæ of pregnant women and the brownish discoloration of other parts of the skin seen frequently in pregnancy, and occasionally in other cases without obvious cause."

REPORTED MORTALITY FOR THE WEEK ENDING OCTOBER 18, 1879.

Cities.	Popula- tion estimated for July, 1879.	Reported Deaths in each.	Deaths under Five Years.	Percentage of total Deaths from				
				The Princi- pal "Zymo- tic" Diseases.	Diphtheria and Croup.	Lung Diseases.	Diarrhœal Diseases.	Typhoid Fever.
New York.....	1,085,000	415	193	23.13	4.84	15.66	11.81	1.21
Philadelphia.....	901,380	228	85	12.28	7.02	4.88	—	2.63
Brooklyn.....	564,400	198	92	25.75	10.10	14.14	6.56	1.52
Chicago.....	537,624	123	57	28.46	16.26	4.07	3.25	4.07
St. Louis.....	500,000	100	42	26.00	7.00	2.00	7.00	3.00
Baltimore.....	393,796	137	65	33.58	14.60	8.03	3.65	2.92
Boston.....	360,000	120	41	27.50	8.33	5.00	9.17	1.67
Cincinnati.....	280,000	91	40	19.73	—	6.59	6.59	—
New Orleans.....	210,000	88	—	17.05	4.55	2.27	3.41	—
District of Columbia...	170,000	48	16	14.58	—	6.25	8.33	6.25
Cleveland.....	160,000	48	25	37.50	14.58	2.08	10.42	2.08
Pittsburgh.....	145,000	53	22	41.51	20.75	5.65	1.89	3.77
Buffalo.....	—	—	—	—	—	—	—	—
Milwaukee.....	127,000	33	15	33.33	27.27	3.03	—	—
Providence.....	101,500	34	12	28.47	14.71	2.94	—	—
New Haven.....	60,000	15	5	13.33	13.33	13.33	—	—
Charleston.....	57,000	33	17	15.15	3.03	—	3.03	6.06
Nashville.....	27,000	11	—	18.18	—	—	9.09	9.09
Lowell.....	53,300	26	—	30.77	11.54	7.69	11.54	7.69
Worcester.....	52,500	12	9	41.67	16.67	8.33	16.67	—
Cambridge.....	50,000	19	8	31.58	15.79	15.79	15.79	—
Fall River.....	48,500	12	—	41.67	8.33	—	—	—
Lawrence.....	38,200	10	4	10.00	10.00	10.00	—	—
Lynn.....	34,000	15	—	33.33	20.00	—	6.67	6.67
Springfield.....	31,500	—	—	—	—	—	—	—
New Bedford.....	27,000	8	1	50.00	12.50	—	12.50	—
Salem.....	26,400	4	1	25.00	25.00	—	—	—
Somerville.....	23,350	5	—	20.00	20.00	—	—	—
Chelsea.....	20,800	1	1	—	—	—	—	—
Taunton.....	20,200	6	—	—	—	—	—	—
Holyoke.....	18,200	7	—	28.57	—	—	—	—
Gloucester.....	17,100	10	9	20.00	10.00	—	10.00	—
Newton.....	17,100	6	1	50.00	—	—	33.33	16.67
Haverhill.....	15,300	5	1	20.00	—	20.00	20.00	—
Newburyport.....	13,500	6	2	—	—	—	—	—
Pittsfield.....	12,650	5	—	20.00	—	—	20.00	—
Pittsburg.....	12,500	—	—	—	—	—	—	—
Milford.....	9,800	1	—	—	—	—	—	—

Nineteen hundred and thirty-three deaths were reported: principal "zymotic" diseases (small-pox, measles, diphtheria and croup, diarrhœal diseases, whooping-cough, erysipelas, and fevers) 464, consumption 303, diphtheria and croup 167, lung diseases 155, diarrhœal diseases 125, scarlet fever 56, typhoid fever 41, malarial fevers 35, whooping-cough 25, cerebro-spinal meningitis 10, measles seven, erysipelas three, small-pox none. From *scarlet fever*, Baltimore 11, Cincinnati eight, Pittsburgh six, Boston five, Brooklyn, Providence, and Fall River four, Chicago three, New York, Philadelphia, Cleveland, New Bedford, and Holyoke two, St. Louis one. From *malarial fevers*, New York, St. Louis, and New Orleans eight, Brooklyn four, Cincinnati three, Milwaukee two, Chicago and Baltimore one. From *whooping-cough*, Brooklyn seven, New York five, Boston four, Baltimore three, Cleveland and Pittsburgh two, Cincinnati and Charleston one. From *cerebro-spinal meningitis*, New York four, Philadelphia two, Chicago, Boston, Cleveland, and Worcester one. From *measles*, New York four, Baltimore two, Philadelphia one. From *erysipelas*, New York, Philadelphia, and Chicago one each. From *trismus nascentium*, Charleston four, Baltimore three, District of Columbia two. The deaths from diphtheria and croup, typhoid fever, diarrhœal diseases, consumption, and lung diseases were much less than for the previous week, the weather being mild and pleasant; this was marked in 18 of the 21 cities and towns of Massachusetts by a lessened death-rate in lung and diarrhœal diseases.

The deaths from yellow fever in Memphis for the week ending October 25th were 14, cases 31.

For the week ending September 27th, in 149 German cities and towns, with an estimated

population of 7,587,950, the death-rate was 25.3 against 26.6 of the previous week: diarrhoeal diseases 689, consumption 425, acute diseases of the respiratory organs 223, diphtheria and croup, 192, scarlet fever 83, whooping-cough 65, typhoid fever 63, measles 22, puerperal fever 14, typhus and small-pox none. The death-rates ranged from 12.8 in Bremen to 37.1 in Munich; Dresden 20.8; Berlin 26.4; Leipsic 16.8; Hamburg 26.3; Hanover 18.2; Cologne 33.0; Frankfort 19.4. For the same week, Vienna 20.8; Paris 24.2.

For the week ending October 4th, in the 20 English cities with an estimated population of 7,383,999, the death-rate was 19.9 against 18.8 of the previous week. Two thousand eight hundred and eighteen deaths were reported: diseases of the respiratory organs 201, diarrhoea 152, scarlet fever 146, fever 68, whooping-cough 58, measles 46, diphtheria 16, small-pox (London) four. The death-rates ranged from 15 in Portsmouth to 26.5 in Liverpool; London 19.0; Bristol 19.4; Birmingham 19.1; Manchester 25.5; Leeds 15.7. In Edinburgh 18, Glasgow 16, Dublin 26 (small-pox causing five deaths). In 26 larger Belgian cities and towns the death-rate was 28.9; in 19 smaller, 24.3, — diarrhoea, typhoid fever, whooping-cough, and small-pox prevailing. Brussels 23.0; Antwerp 21.1; Ghent 27.2. In 20 prominent Swiss towns, diarrhoea and typhoid fever prevailed; whooping-cough, scarlet fever, and small-pox were less fatal; diphtheria caused only one death. Geneva 15.0; Zurich 37.4; Basle 15.5.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM OCTOBER 18, 1879, TO OCTOBER 24, 1879.

CALDWELL, D. G., captain and assistant surgeon. Upon withdrawal of troops from Fort Independence to report to commanding officer Fort Warren, Mass., for duty as post surgeon. S. O. 165, Department of the East, October 20, 1879.

BARTHOLOF, J. H., captain and assistant surgeon. His temporary detail at San Diego Barracks, California, to terminate on 31st inst., and to return to Alcatraz Island, Cal., and resume his duties as post surgeon. S. O. 130, Division of the Pacific and Department of California, October 15, 1879.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY DURING THE WEEK ENDING OCTOBER 24, 1879.

PASSED ASSISTANT SURGEON E. H. GREEN detached from recruiting duty at St. Louis and W. O.

Medical Inspector Somerset Robinson detached from special duty under the National Board of Health, proceed home and W. O.

Medical Director S. T. Coles detached from Naval Hospital, New York, and ordered to special duty attending officers at Boston, Mass.

Medical Inspector D. Bloodgood to the Naval Hospital, New York.

THE GYNÆCOLOGICAL SOCIETY OF BOSTON. — The next regular meeting of the society will be held at the Medical Library Rooms, 19 Boylston Place, on the first Thursday of November, at 10.30 A. M. Paper by Professor Pippingsköld, Helsingfors, Finland especially communicated to the society: Pregnancy and Accouchement shortly after Ovariectomy, in some Subjects in whom the Hydropsical Follicles of the other Ovarium were also Cauterized. The profession are invited. HENRY M. FIELD, M. D., *Secretary*.

BOSTON SOCIETY FOR MEDICAL OBSERVATION. — A regular meeting of the society will be held next Monday evening, November 3d, at eight o'clock, at the Medical Library Building. Reader, Dr. Bradford. Subject, Cases of Tracheotomy. Semi annual election of members. FREDERICK C. SHATTUCK, M. D., *Secretary*.

APPOINTMENT. — Dr. W. E. Boardman has been appointed assistant physician to the Boston Lying-In Hospital.

BOOKS AND PAMPHLETS RECEIVED. — American Health Primers. Winter and its Dangers. By Hamilton Osgood, M. D. Philadelphia: Lindsay and Blakiston. 1879. (From A. Williams & Co.)

Cholera Infantum: Its Causes, Nature, and Treatment. By Charles Edward Banks, M. D. Portland, Me. 1879.

Lectures on the Diseases of Women. By Charles West, M. D., F. R. C. P. Fourth edition, revised and in part rewritten by the author, with numerous additions by J. Matthews Duncan, M. D., LL. D., F. R. S. E. London: J. and A. Churchill. 1879. Philadelphia: Lindsay and Blakiston. (From A. Williams & Co.)

Clinical Lectures on Diseases of the Urinary Organs. Delivered at University College Hospital by Sir Henry Thompson. Fifth Edition. London: J. and A. Churchill. Philadelphia: Lindsay and Blakiston. 1879. (From A. Williams & Co.)

A Treatise on Vocal Physiology and Hygiene, with Especial Reference to the Cultivation and Preservation of the Voice. By Gordon Holmes, L. R. C. P. Edin. London: J. and A. Churchill, New Burlington Street. 1879.

Phlebitis of the Venæ Emissariæ Mastoideæ. By J. Orne Green, M. D. (American Journal of Otology.)

Students' Aids Series: Aids to Anatomy. By George Brown, M. R. C. S., L. S. A. Fourth Thousand. Aids to Therapeutics and Materia Medica. Part I. The Non-Metallic and Metallic Elements; Alcoholic and Ethereal Preparations, etc. By C. E. Armand Semple, M. R. C. P. Aids to Forensic Medicine and Toxicology. By W. Douglas Hemming, M. R. C. S. New York: G. P. Putnam's Sons. 1879.

Sexual Neuroses. By J. T. Kent, A. M., M. D. St. Louis, Mo. 1879.

Nature Series. Seeing and Thinking. By the late William Kingdon Clifford, F. R. S. London: Macmillan & Co. 1879. (From A. Williams & Co.)

Yellow Fever a Nautical Disease: Its Origin and Prevention. By John Gamgee. New York: D. Appleton & Co. 1879.

Atlas of Histology. By E. Klein, M. D., F. R. S., and E. Noble Smith, L. R. C. P., etc. Part VIII. Blood-Vessels. Philadelphia: J. B. Lippincott & Co. 1879.

Ueber miasmatische Ansteckung mit specieller Beziehung auf die Entstehung und das Wesen der Pockenkrankheit nebst Angabe eines specifischen Heilverfahrens gegen die Pocken. Von Dr. W. Hübner (Naturforscher-Versammlung zu Cassel). 1879.

The Grounds of a Homœopath's Faith. By Samuel A. Jones, M. D., University of Michigan.

A Treatise on Cancer. By Robert Mitchell, M. R. C. S. London: J. and A. Churchill 1879.

Transactions of the New York Obstetrical Society for the Years 1876, 1877, and 1878, with a List of the Fellows since its Foundation. (Reprinted from the American Journal of Obstetrics for private distribution by the Society.) Vol. I. New York. 1879.

Diseases of Women. By Lawson Tait, F. R. C. S. Second Edition, thoroughly revised and enlarged. Specially prepared for Wood's Library. New York: William Wood & Co. 1879.

Popliteal Aneurism treated by a New Method of Compression. By Dr. A. F. Sawyer. San Francisco, Cal. 1879.

Medical Heroism of 1878. By J. W. Singleton, Paducah, Ky. (Reprinted from St. Louis Medical and Surgical Journal, June, 1879.)

Studies on the Laws of Life. Reviews of Essays by Dr. Nathan Allen. Lowell. 1879. The Therapeutical Society of New York. (Reprinted from the New York Medical Journal, July, 1879.)

1. Ein seltener Fall von Lipoma fibrosum am Kopfe. 2. Drei Fälle von Gesichts-Neuralgie. 3. Ueber die Behandlung der Ganglien. Von Dr. Carl Fieber. Vienna.